

**Form OL-1**

**CITY OF COVINGTON  
LICENSE DIVISION  
638 Madison Avenue  
Covington, Kentucky 41011**

REQUEST FOR REFUND OF EARNINGS TAX  
OR ADDITIONAL PAYMENT DUE

YEAR ENDING \_\_\_\_\_

NAME \_\_\_\_\_

SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUS. PHONE \_\_\_\_\_

CITY \_\_\_\_\_

HOME PHONE \_\_\_\_\_

STATE & ZIP CODE \_\_\_\_\_

**COMPUTATION OF COVINGTON INCOME**

- |  |            |
|--|------------|
| 1. Total days (No exclusion for sick or vacation pay) (5 x 52) average ..... | <b>260</b> |
| 2. Total days worked outside of Covington .....                              | _____      |
| City or Cities where employed _____  |            |
| outside of Covington _____   |            |
| 3. Total days worked within Covington (line 1 minus line 2) .....            | _____      |
| 4. Percent worked in Covington (line 3 divided by line 1) .....              | _____      |
| 5. Gross earnings (less applicable business expenses if any and .....        | _____      |
| attach federal form 2106)  |            |
| 6. Covington taxable earnings (line 5 multiplied by line 4) .....            | _____      |
| 7. Covington tax (2 ½% of Line 6) .....                                      | _____      |
| 8. F.I.C.A. limit .....  | _____      |
| 9. Maximum Covington tax (2 ½% of Line 8) .....                              | _____      |
| 10. Tax due – smaller amount of Line 7 or line 9 .....                       | _____      |
| 11. Amount City tax withheld .....   | _____      |
| 12. Difference – (Line 10 minus Line 11) Refund or Balance Due .....         | _____      |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This will certify to the best of my knowledge that the above employee worked the number of days outside the City of Covington as indicated on Line 2.

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

The above request must have attached a copy of your W-2 Form. Please enclose a stamped self addressed envelope.